FORM D

Originally-Executed Version

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

CIVIN AP	PRUVAL	
OMB NUMBER:	3235-	0076
Expires:	April 30,	2008
Estimated aver	age burd	en
hours per respo		

SEC USE ONLY				
Pi	efix	Seri	a1	
	DATE	RECEIVED		

Name of Offering (XI check if this is an amendment and name has changed, and indicate change.)					
Farber Continuum Fund, L.P. (formerly, WPG-Farber Fund, L.P., WPG Farber Present Fund, L.P., and WPG-Farber Partners					
Fund, L.P.) - Offering of Limited Partnership Interests					
	ule 506 SeEtion 4(6) ULOE				
Type of Filing: New Filing: CO, MD, NM, OH	CT, DC, IDPLATMASNIGNJ, OK, PA, VA,				
WA, WY Renewal and Amendment: IL	Section				
A. BASIC IDENTIFICATION DATA	A JUN 2 7 2008				
Enter the information requested about the issuer	שמוא בין בטטט				
Name of Issuer (check if this is an amendment and name has changed, and indicate c	change.)				
Farber Continuum Fund, L.P.	Mashington, DC				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Nimber (Including Area Code)				
767 Third Avenue, New York, New York 10017	212-752-1215				
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices) Same as above.	Same as above. DDOCESSED				
Brief Description of Business: Investments in securities.	PROOLEGE				
Type of Business Organization	> uu 01 2008				
□ corporation ☑ limited partnership, already formed	other (please specify): 012008				
☐ business trust ☐ limited partnership, to be formed	THOMSON REUTERS				
Morth Year	IUOIMPOLA KEELE				
Actual or Estimated Date of Incorporation or Organization: 0 3 8 6	★ Actual □ Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev	viation for State: DE				
CN for Canada; FN for other foreign jurisdiction)					
GENERAL INSTRUCTIONS Federal:					
Who Must File: All issuers making an offering of securities in reliance on an exemption unc	JFR 230.501 et seq.				

Or 15 U.S.C. 77d(6).

08054102

When To File: A notice must be filed no later than 15 days after the first sale of securities . filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the sec at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requi		ving: has been organized with	in the nact five years:		
				on of, 10% or r	nore of a class of equity
securities of the issuer		,		,	
 Each executive officer issuers; and 	and director of co	rporate issuers and of co	orporate general and mar	naging general p	partners of partnership
Each general and man	aging partner of pa	rtnership issuers			
	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partners
Full Name (Last name first, it	f individual)				
Farber Manager, L.L.C., (t		ner'')			
Business or Residence Addre 767 Third Avenue, New York	•		Code)		·
		☐Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or
	Promoter	Deneticial Owner	Li Executive Officer	Director	Managing Partners
Full Name (Last name first, in Farber Advisers, L.L.C., (the	•	ed Partner")			
Business or Residence Addre 767 Third Avenue, New York		7	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partners
Full Name (Last name first, in Farber, Gerald P.	f individual)				
Business or Residence Addre 767 Third Avenue, New York	•	• -	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first, i	f individual)		•		,
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first, i	f individual)			····	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first, i	f individual)				
Business or Residence Addre	Ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es)that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
(Use blank sheet, or copy and	use additional copi	es of this sheet, as neces	ssary.).		

A. BASIC IDENTIFICATION DATA

				В.	INFORMAT	TION ABOU	T OFFERI	NG				
1. Hás the	issuer sold	l, or does th	ne issuer int	tend to sen	d, to non-ac	ccredited in	vestors in	this offerin	g?	••••	Yes	No 🔀
	•		Аг	swer also	in Appendi	x, Column	2, if filing	under ULC	E.			
2. What is	the minim	um investn	nent that wi	ill be accep	ted from ar	ny individu	al?	•••••	•••••••		\$ <u>1,0</u>	*000,000
			the discreti								Vec	No
3. Does th	e offering	permit join	t ownership	of a single	e unit?	••••••	•••••				X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only. NOT APPLICABLE.												
Full Name	e (Last nam	ne first, if in	ndividual)									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	e)					
Name of	Associated	Broker or 1	Dealer									
			ias Solicited								🗵	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last nam	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	e)				-	
Name of Associated Broker or Dealer												
States in	Which Pers	on Listed l	nas Solicite	d or Intend	s to Solicit	Purchasers	<u> </u>		•			
(Check	"All States	" or check	individual (States)							🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)												
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1. Enter the aggregate offing price of securities included in this offering and the total amount already	OF TROCEEDS	
sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check		
this box \square and indicate in the columns below the amounts of the securities offered for exchange		
and already exchanged.		
	Aggregate	Amount
Type of Security Debt	Offering Amount	Already Sold
	\$ <u>0</u>	\$ <u>0</u>
Equity	\$ <u>0</u>	\$ <u>0</u>
☐ Common ☐ Preferred	Φ.0	
Convertible Securities (including warrants)	\$ <u>0</u>	
Partnership Interests	\$ <u>5,000,000,000¹</u>	\$ <u>224,655,312</u>
Other (Specify)	\$ <u>0</u>	\$ <u>0</u>
Total	\$ <u>5,000,000,000</u>	\$ <u>224,655,312</u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this		•
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504,		
indicate the number of persons who have purchased securities and the aggregate dollar amount of		
their purchases on the total lines. Enter "0" if answer is "none" or "zero".		Aggregate
	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	93	\$ <u>224,655,312</u>
Non-accredited Investors	0	\$ <u>0</u>
Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
Answer also in Appendix, Column 4, if filing under ULOE		
securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505	N/A	\$ <u>0</u>
Regulation A	N/A	\$ <u>0</u>
Rule 504	N/A	\$ 0
Total	N/A	\$0
Total	1471	Ψ <u>υ</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0
Printing and Engraving Costs		·
Legal Fees		
Accounting Fees		
Engineering Fees		
Sales Commissions (specify finder's fees separately)		\$ <u>0</u>
Other Expenses (identify)Miscellaneous Blue Sky Filing Fees and Expenses		
Total		\$ 55,000

Question 1 and the total expenses furnished in response to Part C the "adjusted gross proceeds to the issuer"	- Question 4.a. this differe	nce i	S	\$_	<u>4,999,945,000</u>
5. Indicate below the amount of the adjusted gross proceeds to the is for each of the purposes shown. If the amount for any purpose is and check the box to the left of the estimate. The total of the adjusted gross proceeds to the issuer set froth in response to Part C	s not known, furnish an es payments listed must equ	timat	e		
		_	Payments To Officers, Directors, & Affiliates	П	Payments To Others
Salaries and fees		_	\$0		\$ 0
Purchase of real estate			\$ 0		\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and			\$ <u>0</u>		\$ <u>0</u>
Construction or leasing of plant buildings and facilities			\$ <u>0</u>		\$ 0
Acquisition of other businesses (including the value of securi offering that may be used in exchange for the assets or securi issuer pursuant to a merger)	ties of another		\$ 0	0	\$ <u>0</u>
Repayment on indebtedness			\$ <u>0</u>		\$ <u>0</u>
Working capital	***************************************		\$ <u>0</u>		\$ <u>0</u>
Other (specify): Investments in securities.			\$ 0	X	\$ <u>4,999,945,000</u>
Column Totals Total Payments Listed (column totals added)		"		⊠ 4,999,9	\$ <u>4,999,945,000</u> 945,000
D. FEDERA	AL SIGNATURE		, vac organiz & s	. 2	
The issuer has duly caused this notice to be signed by the undersign following signature constitutes an undertaking by the issuer to furnished by the issuer to any non-accredited investors.	ish to the U.S. Securities	Comi	nission, upon wi		
Issuer (Print or Type)	Signature	2	Z Da		/
Farber Continuum Fund, L.P.				6/.	23/08
Name of Signer (Print or Type)	Title of Signer (Print or T	'ype)		•	/
Gerald P. Farber	Principal				
A `	ITENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

